



BRACKLEY BOROUGH COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER
OF HEALTH

JOAN M. ST.V. DAWKINS
M.B., B.S., D.P.H., D.C.H.

1970

Tell Brackley 24472

BRACKLEY BOROUGH COUNCIL

Mr. Mayor,
of the Borough
Mr. Mayor, Almoner and Councillors,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector.

The report is presented in two sections with reference to a separate aspect of public health, namely, the social conditions, services, the health of the community and the health of the individual in respect of disease. In addition, there is a section dealing with a number of incidental concerns, of general interest, and some trends which might prove important to health either now or in the future.

According to the Registrar General's latest returns, the population has risen from 11,100 in 1968 to 11,300 in 1969. This increase is due to natural increase and to an increase in the number of foreign residents. The rate of 6.8 is well below the national average.

MEDICAL OFFICER OF HEALTH

Births rose to 191 in 1969, while deaths fell to 177. The ratio of 17.7 to 100 shows the same trend as last year.

During the year 167 private enterprise houses were cleared, 100 were on new council properties completed, but 61 were still待建 (未完成) houses and flats, and unoccupied and non-residential houses were cleared for re-development.

Sanitary circumstances were satisfactorily maintained throughout the year, although there must be the usual disposal of the refuse of the environment, including a set aside area for the disposal of household waste.

JOAN M. ST.V. DAWKINS
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1970

House refuse collection continued on a weekly basis, with the Council having a modern disposal plant situated in the rural element.

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Public Health Department,
Municipal Offices,
Market Place,
BRACKLEY.
October, 1971.

Tel: Brackley 2441/2

To the Mayor, Aldermen and Councillors
of the Borough of Brackley.

Mr. Mayor, Aldermen and Councillors,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector.

The report is presented in six sections, each dealing with a separate aspect of environmental control; the first on natural and social conditions; the second on the provisions of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food and the sixth on the control of infectious and other diseases. In addition, while, increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

According to the Registrar General's mid-year figure the population has risen to 5,520 from 5,120. This shows an increase of 400 persons, and it is probable that this figure was exceeded by the end of 1970. The number of deaths fell to 39 from 43 last year. The Standardised Death Rate of 6.8 is well below the national rate of 11.7.

Births rose to 96 from 93 in 1969. The excess of births over deaths was therefore 57, which is a high figure and would indicate that the new citizens of the town are young married couples. The Birth Rate of 17.7 is also above the national average of 16.0.

During the year 165 private enterprise houses were erected. There were no new council properties completed, but Scheme 59, totalling 66 houses and flats, was commenced and one council house was adapted for a paraplaegic.

Sanitary circumstances were satisfactorily maintained throughout the year. Following a visit to the sewage disposal works by officials of the Department of the Environment, including a senior chemist, the Council have obtained approval for an extension scheme to proceed as soon as possible.

House refuse collection continued on a weekly basis, with the Council now sharing a modern disposal plant situated in the Rural District.

There was a decrease in the incidence of infectious diseases, showing a fall of 9 cases. There were 8 cases compared with 17 last year. Though measles vaccination became generally available, the withdrawal of some vaccine resulted in a shortage and fewer children were immunised than was anticipated. It is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher percentage of children will be vaccinated. While at present the incidence of infectious illness remains satisfactorily low, should succeeding generations of parents fail to respond to the need for immunisation, a recrudescence of infectious illness could occur. It remains vitally important therefore for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, and now measles, with tuberculosis vaccination following later. Towards the end of 1970, Rubella (German Measles) vaccination also became available to all girls between the ages of thirteen and fourteen.

Though no confirmed case of food poisoning occurred during the year, food borne infection generally continues to be too prevalent. While our inspectors are vigilant in their supervision of all the stages of food handling from storage to sale of both cooked and uncooked food, satisfactory food hygiene procedure is ultimately dependent on the handlers whose responsibility is not always individually realised. I always state that good practice in food handling is good business. Constant supervision by employers of their employees, particularly in restaurants, is essential, and the public themselves should be continually on the alert for careless practice and should refuse to accept unsatisfactory methods, not only in business premises but in their own homes.

While the environmental control of the health of the town is being satisfactorily maintained, and the health needs in respect of clinical services well covered, new problems are constantly arising in both fields. There is therefore a continuing need for vigilance and pressures are constant. Future requirements will undoubtedly require energy, talent and manpower for their solution.

In general, nationally, both health and local government fields were under review. A change of government in mid year required, inevitably, a deferral of the immediate plans proposed by the previous government. However the need for reform and change was agreed by both political parties and it can be expected that the National Health Service will be unified. In Local Government the small district councils will be merged to form larger units. During this interim period, which is a difficult one for all personnel in public health and local government, services must be maintained and expanded where necessary.

At such a time it is pertinent to review those matters which are most pressing in the field of prevention of ill health. Needs when defined, will have to be matched with available resources, and it will be necessary that priorities should be clearly assessed.

In the environmental field the intensive efforts of public health pioneers and civic authorities have given a secure basis of a sanitary environment and the availability of pure water, adequate disposal of refuse and sewage are taken for granted. It is vital that such services should continue to function smoothly. The present problem is less from man's pollution of his environment than from products innocently introduced for man's convenience of which detergents are one instance. Other chemical factors requiring control are drugs and the use of antibiotics in animal feeding. While on the other hand the omission of the controlled addition of minute quantities of fluoride to our water because of the pressure of a small group on local authorities has resulted in the failure to prevent dental caries in children. After five years of fluoridation Birmingham can now prove the efficacy and harmlessness of the procedure.

Another factor which overshadows the secure sanitary basis is the increase of population, which if not abated will produce another 20 million inhabitants, in this already congested island, by the end of the century. All these extra individuals will result in the need for more services of every kind, including medical services. Congestion, pollution and those other factors (less obvious but non-the-less hazardous to a stable society) such as noise, road accidents, mental illness, crime and delinquency could occur. It is known already that there are 250,000 unwanted children born annually in this country. An advanced society should have no unwanted children. To prevent these should be the first priority, and it is a task which is not yet being achieved.

Those other environmental factors, many of which could be contained, if we achieved a static population growth, will exercise the environmentalist of the future. These include the prevention of pollution of air, land, rivers and the sea.

The mass production of food will continue to require a monitoring that will inevitably increase; already factory farming methods, while producing more and cheaper food, present problems of quality and hygiene. Increasing foreign travel, and a mobile internal population resulting in more consumption of food in restaurants and canteens, together with the general use of deep freeze storage, involving increasing sale of food on a small scale at nearly all public houses, has added to the work of health departments, and the maintenance of satisfactory food handling procedures has become one of the major functions.

While this report is largely concerned with the environmental health of the area, health needs cannot be compartmentalized, and though the population may live in a satisfactory environment, if personal habits are unsound then all our efforts are wasted. I consider, therefore, that to complete my annual review it is necessary to assess the health of the district in its widest sense. It is ironic that, while every endeavour is made to create a sanitary environment, individuals are killing themselves, voluntarily, with cigarettes. In fact today prevention of the greatest hazards to health - the cigarette, accidents (both in the home and on the road), and to a lesser degree, early arterial disease - rests with individuals. For many years I have enumerated those conditions which cause premature death and have suggested some remedies. My repetition must continue, as I stated last year the process of health education is, of necessity, a perpetual battering at the bastions of ignorance, apathy, self indulgence and complacency.

Once more there has been a national increase in the number of deaths from cancer of the lung, making a total of 30,218 (24,871 male and 5,347 female). In addition it is probable that, in all, at least 50,000 deaths occur a year in Great Britain which can be attributed to cigarette smoking. In fact premature deaths from smoking have now reached epidemic proportions and yet there appears to be little reaction from the public. An outcry would result should there be a few deaths from typhoid fever or smallpox, yet these deaths (and the holocaust on the roads) pass, continue to rise and there is no responding demand or pressure for their solution. Doctors appear to be the only group of individuals who have shown an awareness of this major danger and few doctors now smoke. Once again in Section A I lay emphasis on this subject.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular exercise and who are not obese. Evidence has been found that arterial damage can be present from an early age, and while generally young people are active while still at school this activity may lessen or cease when they leave: many start to smoke cigarettes early: food consumption is often in excess of need. It is possible that a situation may be building up in which the incidence of early arterial disease may greatly increase.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

In assessing future needs and priorities, while all those conditions which are preventable and cause premature death and disability must be of primary concern, there remain those afflictions for which, as yet, we have no solution, and those causing chronic disability. Of the former cancer remains still an enigma and the latter include the many forms of rheumatic and arthritic disease. The increasing survival of handicapped people, and the higher percentage of elderly in the community provide problems of care which must be planned in the long term.

Mental ill health, both in the form of psychotic illness and neuroses, shows no lessening despite the relief from stress which a welfare state should bring. The new problem, that of drug addiction, was unanticipated. It would appear that the incidence is being contained, but constant vigilance will be required because of varieties and misuses of drugs. Other manifestations such as crime, delinquency, vandalism, child neglect and cruelty, divorce and failure to accept social obligations are showing no decline.

The attainment of a healthy community continues therefore to present many challenges, some of which can be forecast: others arise unanticipated. As a result the practice of preventive medicine continues to be as needful today as it was in the dark days of the nineteenth century.

I wish to express my thanks to Mr. Drabble, the Public Health Inspector for his diligent work throughout the year, and for his assistance in the compilation of this report, to the officers and members of the Council for their interest and encouragement and to the County Medical Officer of Health for his ready co-operation at all times.

I remain, your obedient Servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

BOROUGH OF BRACKLEY

Public Health and Works Committee, December, 1970

Chairman: Alderman N.W.F. Howard

Vice Chairman: Councillor Mrs. R.M. Haverley,

Aldermen:
B.P.C. Sheppard
D.J. Newman
E. Whitley

Councillors:
F.T. Bartho
Mrs. I.D. Bauer
K. Davies
R.D. Hutchings
B.W. Law
D. Margieson
G.I. Phipps
D.A.T. Ritchie
Miss M.K. Ritchie
J.R. Williams
J.F. Yates

Public Health Officers

Medical Officer of Health:

Joan M. St. V. Dawkins M.B., B.S., D.P.H., D.C.H.,

Divisional Health Office,
7 Cheyne Walk,
Northampton.

Tel: Northampton 34833

Also holds appointments of:-

Medical Officer of Health, Daventry Borough, Daventry R.D.C.,
Brackley R.D.C., Brixworth R.D.C., Towcester R.D.C.,
Northampton R.D.C.. Wellingborough U.D.C., Wellingborough R.D.C.
Senior Assistant Medical Officer of Health, Northamptonshire
County Council.

Public Health Inspector:

S.C. Drabble, M.A.P.H.I., A.I.A.S., M.Soc.D.Tech.

Causes of Death at different periods of life during the year 1970

Cause of Death	Sex	All ages	4 weeks	Under 1 year	4 weeks &	Age in years				
						5-14	45-54	55-64	65-74	75+
B19(1) Malignant neoplasm, buccal cavity etc.	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—
B19(3) Malignant neoplasm, stomach	M	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—
B19(6) Malignant neoplasm, lung, bronchus	M	3	—	—	—	1	2	—	—	—
	F	1	—	—	—	1	—	—	—	—
B26 Chronic rheumatic heart disease	M	1	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
B28 Ischaemic heart disease	M	7	—	—	2	—	1	4	—	—
	F	3	—	—	—	—	—	—	—	—
B29 Other forms of heart disease	M	1	—	—	—	—	1	—	—	—
	F	3	—	—	—	—	—	—	—	3
B30 Cerebrovascular disease	M	4	—	—	—	—	2	2	2	2
	F	2	—	—	—	—	1	1	1	—
B46(6) Other diseases of circulatory system	M	2	—	—	—	—	—	1	2	—
	F	2	—	—	—	—	—	1	1	—
B33(1) Bronchitis and emphysema	M	2	—	—	—	—	—	—	2	—
	F	—	—	—	—	—	—	—	—	—
B46(7) Other diseases of respiratory system	M	1	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—
B34 Peptic Ulcer	M	1	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
B39 Hyperplasia of prostate	M	1	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—
B46(9) Other disease, genito-urinary system	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—
B44 Other causes of perinatal mortality	M	1	1	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
BE48 All other accidents	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Total all causes	M	25	1	—	1	2	2	6	13	9
	F	14	—	—	—	—	—	1	4	—

SECTION A

NATURAL AND SOCIAL CONDITIONS

Summary of Vital Statistics, 1970

Area of the Borough (Acres)	1,685
Population (Estimated mid-year 1970)	5,520
Number of inhabited houses (end of 1970)	1,500
Rateable value of the Borough	£156,350
Sum represented by a penny rate	£630

AREA: There was no change in the area of the administrative Borough during the year, which remains at 1,685 acres.

POPULATION: The resident mid-year home population as estimated by the Registrar General was 5,520 and the vital statistics are based on this figure. The estimated population is 400 more than that for the year 1969. The natural increase in population, that is, the increase of births over deaths is 57.

LIVE BIRTHS: The number of live births was 96 compared with 93 in 1969. The rate per thousand population was 17.4. Applying the Registrar General's Area Comparability Factor for births (1.02) to this figure the Standardised Birth Rate obtained for the area is 17.7 compared with 16.0 for England and Wales.

STILLBIRTHS: There was one stillbirth during 1970. The rate per thousand live and stillbirths was 10 compared with 13 for England and Wales.

ILLEGITIMATE BIRTHS: The number of illegitimate births in the area was 4, 1 male and 3 females. Shown as a proportion of the total number of live births this represents 4 per cent.

DEATHS: The total number of deaths assigned to the Borough for the year was 39, 4 less than in 1969. The crude death rate based on the mid-year population was 7.1 compared with 8.4 for last year. In order to compare the mortality in the Borough with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the Borough an "Area Comparability Factor" which has been estimated by the Registrar General as .96 for the Borough, giving a Standardised Death Rate of 6.8 compared with 11.7 for England and Wales.

INFANT MORTALITY: One infant died before reaching its first birthday, two less than in 1969. The rate per thousand live births was 10 compared with 18 for England and Wales.

NEONATAL MORTALITY: There was one death under four weeks, giving a rate per thousand live births of 10, compared with 12 for England and Wales.

PERINATAL MORTALITY: The Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 live and still births) for the Borough was 21.00. The rate for England and Wales was 23.00.

The following table gives the birth-rate, death-rate and infant mortality rate for the Borough, the administrative County of Northamptonshire and England and Wales for the past five years:-

Year	Birth-rate			Death-rate			Infant mortality rate		
	Brackley Borough	Northamptonshire	England & Wales	Brackley Borough	Northamptonshire	England & Wales	Brackley Borough	Northamptonshire	England & Wales
1966	16.36	18.54	17.70	7.60	11.12	11.70	-	16.01	19.00
1967	17.50	18.00	17.20	11.00	10.10	11.20	47.00	18.00	18.30
1968	16.03	18.80	16.90	8.50	10.90	11.90	14.00	19.00	18.00
1969	18.20	18.10	16.30	8.40	10.90	11.90	32.00	16.07	18.00
1970	17.40	17.70	16.00	7.10	10.70	11.70	10.00	18.05	18.00

Diseases of the heart and circulation constitute over one half of the total deaths, taking this year 25 persons, with cancer and respiratory infection being the other two main causes.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1970 approximately 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes a week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailing of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking.
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars, and others whom young people admire and may emulate.)
2. The exerting of influence of health workers.
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5th of the national figure.)
3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably

*Smoking and Health by Professor C.M.Fletcher & Dr. D.Horn. W.H.O. Publication.

modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1970 7,500 were killed on the roads as compared with 7,383 in 1969.

Deaths from accidents in the home are also continuing at a rate which is far too high. Almost three quarters of the fatalities occur in elderly people or in children under 5 years of age.

In England and Wales during 1969 a total of 6,507 people died as a result of accidents in and around the home. This is 107 (or 1.6 per cent) fewer than in the previous year. Further analysis indicated that although 29 more people died in residential institutions, the number of deaths which occurred in private homes fell by 136.

Summary of accidents in 1969

Cause of Death	Private Homes	Residential Institutions	Total Deaths
Poisoning	813	13	826
Falls	2,873	1,019	3,892
Burns and Scalds	733	32	765
Suffocation and Choking	561	90	651
Others	335	38	373
TOTAL	5,315	1,192	6,507

Every year more people die from falls than from all other accidents in the home - as many as 60 per cent of the fatalities in 1969 resulted from falls. Poisoning is the second major cause, accounting for 13 per cent of the total. About 12 per cent of the deaths were due to burns and scalds, while accidental suffocation and choking resulted in a further 10 per cent.

Cause, Age-group and Sex

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Poisoning	28	13	198	251	336	345	481	826
Falls	71	7	78	273	3,463	1,072	2,820	3,892
Burns and Scalds	133	37	56	129	410	288	477	765
Suffocation and Choking	428	21	57	62	83	413	238	651
Others	86	8	71	59	149	170	203	373
TOTAL	746	86	460	774	4,441	2,288	4,219	6,507
Death Rate*	18.2	1.2	2.4	6.5	71.0	9.6	16.8	13.3

*Deaths per 100,000 population

Elderly people are by far the most frequent victims of fatal home accidents, and in 1969 more than two-thirds of the people who died in this way were 65 and over. Seventy-eight per cent of the deaths in this particular age-group were caused by falls. Children under five years old accounted for over 11 per cent of the total.

According to the data, about 65 per cent of the victims in 1969 were women or girls.

Falls

Compared with 1968, the number of people who died as a result of accidental falls in the home fell by 53 to 3,892.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Falls on stairs	13	-	37	114	482	263	383	646
Falls from ladders	-	1	7	10	16	27	7	34
Falls from buildings	16	4	17	14	39	60	30	90
Other falls from one level to another	32	1	5	29	316	111	272	383
Falls on same level	1	-	2	16	389	83	325	408
Other and unspecified falls	9	1	10	90	2,221	528	1,803	2,331
TOTAL	71	7	78	273	3,463	1,072	2,820	3,892

Women accounted for three-quarters of the deaths in the 65 and over age-group, but only 40 per cent of the fatalities among the younger age-groups.

Poisoning

There were 826 deaths from accidental poisoning in 1969, six per cent fewer than in the previous year.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Barbiturates	3	-	73	135	65	107	169	276
Analgesics and antipyretics	2	1	14	6	3	17	9	26
Other sedatives	-	-	15	10	8	10	23	33
Nervous system and psychotherapeutic drugs	6	3	16	11	4	19	21	40
Other and unspecified drugs	6	1	12	20	8	11	36	47
Alcohol	-	-	5	7	1	9	4	13
Other solids and liquids	4	-	2	3	-	5	4	9
TOTAL, solids and liquids	21	5	137	192	89	178	266	444
Piped gas	-	4	36	36	213	110	179	289
Motor vehicle exhaust and other carbon monoxide gases	7	4	22	22	34	53	36	89
Other gases and vapours	-	-	3	1	-	4	-	4
TOTAL, gases and vapours	7	8	61	59	247	167	215	382
TOTAL	28	13	198	251	336	345	481	826

The number of people who died from poisoning by ordinary domestic piped gas fell by 29 per cent, while there was an 18 per cent increase in deaths involving drugs and medicaments - from 358 to 422.

Burns and Scalds

Accidental burns and scalds resulted in 765 deaths during 1969, compared with 781 fatalities in 1968.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Burns by clothing	7	9	10	26	142	39	155	194
Burns from uncontrolled fire	10	2	2	13	96	41	82	123
Conflagration	85	23	27	36	61	115	117	232
Other and unspecified burns	18	2	17	40	75	74	78	152
TOTAL, fire and flames	120	36	56	115	374	269	432	701
Hot substance, corrosive liquid and steam	13	1	-	14	36	19	45	64
TOTAL	133	37	56	129	410	288	477	765

Of the 194 deaths from clothing catching light, 37 were attributed to open fires, 34 to electric fires and 27 to matches and cigarettes, etc. The majority of the 194 victims were women aged 65 and over.

Suffocation and Choking

Accidental suffocation and choking caused 649 deaths in 1968 and 651 deaths in 1969. Babies and young children are particularly susceptible to accidents of this kind, accounting for two-thirds of the deaths every year.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Inhalation and ingestion of food	234	6	28	52	74	227	167	394
Inhalation and ingestion of other objects	19	1	2	2	5	19	10	29
Suffocation in bed or cradle	154	1	3	1	-	105	54	159
Other and unspecified suffocation	21	13	24	7	4	62	7	69
TOTAL	428	21	57	62	83	413	238	651

Choking over food resulted in more than half the fatalities among the under-fives.

Other Causes

During 1969 there were an additional 373 deaths in England and Wales from miscellaneous accidents in and around the home.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 +	Male	Female	
Drowning and submersion*	27	3	20	15	17	31	51	82
Electric current/ [†]	8	-	28	11	11	35	23	58
Excessive cold	1	-	-	5	59	10	55	65
Hunger, thirst, exposure and neglect	16	-	3	9	16	18	26	44
Struck by falling object	14	3	3	5	7	24	8	32
Striking against or struck by object	5	-	1	2	11	9	10	19
Other and unspecified**	15	2	16	12	28	43	30	73
TOTAL	86	8	71	59	149	170	203	373

*Altogether 523 people were accidentally drowned in 1969. Although only 82 of these occurred at home, the majority of the remaining deaths were associated with everyday leisure activities.

[†]Excludes burns by heat from electrical appliances.

**Includes cutting or piercing instruments (13 deaths), foreign body in orifice (12 deaths), explosive material (7 deaths) and firearms (7 deaths).

As many as 50 of the 65 people who died from excessive cold were women aged 65 or over.

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICES

Laboratory Facilities:

The examination of pathological specimens is carried out by the Public Health Laboratory Service, Oxford and medical practitioners in the Borough submit specimens direct to the laboratory. The service which is free has also undertaken to examine specimens of milk, ice-cream, water and other specimens submitted from the health department.

Hospital Services:

The Hospitals available to residents of the Borough are, the Horton General Hospital, Banbury, Northampton General Hospital and the Radcliffe Infirmary, Oxford. The Cottage Hospital situated in the Borough, which has a small number of beds, is available for certain cases.

Cases of infectious disease requiring hospital treatment are removed to the Isolation Hospitals at Northampton and Oxford.

County Council Services:

Ambulances The County Council provide ambulance services for the removal to hospital of all general, medical, surgical and infectious cases. An ambulance station is situated in the Borough and the service is available at all times.

Child Welfare Clinics The Child Welfare Clinic continued to operate during the year and sessions were held on the second Thursday of every month at the Health Clinic, St. Peter's Road. Dental Clinics for school children organised by the County Council continued to operate during the year under review.

Care and After Care Services The County authority provide a number of facilities for the crippled, aged persons, diabetics, the blind and those mentally ill, and are also responsible for preventative services in connection with tuberculosis.

Nursing in the Home, Midwives and Health Visitor Service These services are provided directly by the County Council who have a health visitor's office established in the Borough. They also have a 'Home Help' service available in connection with infirm and chronic cases treated at home.

Voluntary Organisations The Darby and Joan Club which has been established many years meets every Wednesday afternoon in the Town Hall; it is very well attended and popular.

Meals on Wheels Service This service is undertaken by Members of the Women's Voluntary Service in conjunction with the Fatstock Marketing Corporation's establishment in the Buckingham Road. The staff at the Corporation's canteen prepare the meals and these are delivered in sealed containers to needy cases in the Borough by members of the Women's Voluntary Service. The work of the staff at the canteen, and the ladies delivering the meals using their own cars is greatly appreciated.

SECTION C

SANITARY CIRCUMSTANCES OF THE DISTRICT

Water Supply

Water is supplied to the Borough by the Bucks Water Board. Treatment consists of storage, sedimentation, chlorination and rapid sand gravity filtration. The water is non-plumbo solvent, and fluoride is not added; there is a natural fluoride content of approximately .2 parts per million.

The sources of this supply are varied and for the major portion of the Borough are based on the old Brackley well with augmentation as necessary from the Board's other supplies which include deep bores and wells in the lower greensand and chalk, and river water supplies from the Great Ouse. The waterworks plant incorporates electronic and television devices to ensure a constant flow to all areas, and to keep a check on waste.

Generally the supply from the Board was satisfactory in quality and quantity. Thirty five samples were taken and submitted to the Public Health Laboratory for examination; the reports indicate that bacteriologically they were satisfactory.

The total number of properties connected to the mains is 1,559 and only 31 persons within the Borough are not supplied with a mains water supply.

Sewerage - Disposal Works

Once again it has been possible by careful management to meet the Great Ouse River Board standards in respect of the disposal works effluent, but this result has not been achieved without much sampling, testing and minor improvements by the officers and staff concerned. During the year a visit was made to the works by officials of the Department of the Environment, including a senior chemist, and arising from this the Council have obtained approval for an extension scheme, to proceed as soon as it is possible to carry out essential preliminaries. It is anticipated that the new extension will go out to tender not later than early 1972.

A comprehensive survey of all the sewers has been carried out during the year, and this included a closed circuit television survey; this latter has proved most interesting, revealing even the smallest crack or defect in the interior surfaces of the sewers. Arising from this survey the Council have re-laid some quite substantial lengths of trunk sewer, and remedied breaks and defects in numerous places.

For many years it has been considered wasteful that the old Byelaws insisted upon a separate drain to each house, and since the Second World War a revision of Public Health Act requirements and Building Regulations has, on the rapidly expanding new estates, permitted the sharing of drains so that the number of pipes has been considerably reduced, and the actual lengths of drainage shortened: this is a sound economic development, but once the normal routine is amended new problems arise. In the case of blocked drains, under the old systems, the owner of the house would be asked to clear it, with, if necessary, a notice being served. Now, however, these shared pipes are 'public sewers' where maintenance is concerned, but chargeable to householders when costs are incurred. In practice this works out that minor blockages are cleared free of charge as permitted by the Public Health Acts. In consequence householders do not appear to take the same care as they would if they were the responsible owners of the drains as well as the property and it would seem that the incentive to be careful has been removed.

Over the past few years there has been a revolution in the types of drain pipes and joints used, and the old glazed stoneware collared pipes, together with iron soil pipes and lead waste pipes, are no longer used. In their place are longer, stronger, spun pipes with flexible plastic joints, and providing the drain trench is dug to the correct gradient the jointing and laying of pipes is much simpler, and with the substitution of plastic pipes inside the house, patent gullies, and single pipe systems, the whole pattern of plumbing has changed for the better, although certain teething troubles continue to recur, and strict building inspection is still required.

Smoke Abatement

Apart from one complaint during the year, now abated, there is no pollution problem in the Borough.

Swimming Pool

It has only been necessary to close the Pool on one occasion this year, because of overload. However, this satisfactory state has only been achieved by constant vigilance in the standards of maintenance of water purity, frequent sampling, and close attention to chlorination. The use of hydrochloric acid (in a dilute form) was introduced last year, but this year has been the first full year in which it has been employed in addition to the usual chlorine dosing and testing. Undoubtedly for an open air pool it has proved most effective in reducing the algae content of the water, and permitting a maximum absorption of chlorine with consequent oxygenation. Other Baths in the Borough, attached to schools, have been checked and, with one exception, are satisfactory.

Caravan Sites

There are no licenced sites in the Borough, and apart from the occasional squatting by an itinerant there is no problem.

Public Cleansing

House refuse collection is carried out weekly with the householder putting it out ready for removal. Special arrangements are however made in respect of the old, the handicapped and the infirm. The Borough disposal tip has been closed and the Council now share a modern disposal plant, situated at Farthinghoe, with the Rural District Council.

Rodent Control

The Borough is remarkably free from rat infestation, but mice are becoming an increasing pest in the insulation proofed lofts of new houses.

Unusual Insect Pests

There have been two cases of infestation by the Indonesian bookworm during the year. One case was in material imported from Indonesia via Holland, and resulted in the development of the insects under suitable conditions of warmth and humidity and the consumption of cardboard. Experts advise that they do not eat paper products and that indigenously they are bamboo eaters. There was some irritation of the skin to certain personnel concerned, but whether this was an allergy was never resolved. The second case was more direct and came via an American service man in his luggage from Indonesia, some books were nibbled. but the main complaint was a presumed allergic irritation to children.

Both cases were permanently cured, the first by powder insecticide and an amendment of the habitat, and the second case merely insecticide, and medical treatment for the children.

Noise Abatement Act, 1960

The main noise problem of Brackley is the A43, which creates through the centre of the Town (little more than a mile) a mighty roar of sound which is an indictment upon a society which will permit so devastating an infliction upon the human ear. Brackley needs a Bye-pass both from a safety and a noise aspect.

Apart from the above the main noise problems abated during the year have arisen from the pneumatic road drill, and one new type electric road drill. This latter could easily be quietened but the manufacturers, one of the largest firms in the world, do not appear to be interested in providing sound attenuation in what should be, with an electric drive, a quieter machine altogether than the staccato air operated hammer drill.

SECTION D

HOUSING

No new Council dwellings were erected this year, but Scheme 59 totalling 66 houses and flats was commenced.

Standard Improvement Grants amounting to £2,804 were paid in connection with the Housing Act 1969.

Four private contractors have been erecting houses, and 165 new dwellings were completed during the year.

The overall position of the Corporation in respect of its own housing stock is unchanged from last year, and seems likely to be so until Scheme 59 is completed. There are in the Borough a total of 376 Council houses, including fifty for senior citizens. One Council house was adapted for a paraplaegic by building an extension, and providing approved equipment.

Housing Standards

During the year five houses were the subject of action under the Housing Act, 1957 and an Undertaking was accepted in the case of one. One house was demolished, and three Closing Orders will be implemented later.

Senior Citizen Accommodation

There are fifty units of accommodation available, including self contained flats, within a block of flats, for married couples or single persons, with communal facilities available and a Warden on call if required. Single rooms are also provided, with communal facilities and more actual care given by the Warden and welfare staff.

Also in the Borough, but operated by the County Council, is an Old Peoples' Home where independent living conditions are not provided, but those incapable of looking after themselves are cared for.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Food is sampled regularly throughout the year, with the emphasis on contamination of poultry locally processed, and also including ice cream, milk, meat pies and the public water supply. One sample only, of sausage, proved unsatisfactory which, though souring, was not bacteriologically contaminated.

Poultry meat inspection has been particularly demanding this year owing to the severe and prolonged outbreak of Fowl Pest which occurred. The rise in poultry meat condemned during the year was due to this disease and the quantities surrendered are as follows:-

Poultry meat	94 tons 1 cwt 2 qtrs. 22 lbs.
Fresh meat from butchers' shops	28 lbs.
Other foods	5 cwts 1 qtr. 24 lbs.

The reason why poultry is condemned when it has had Fowl Pest is not because of the disease being transmitted to man, but because generally poultry so suffering have a rise in body temperature which produces a fevered carcase, often with dehydration, emaciation and discolouration of the flesh, which brings them into the same category as any other dead flesh of a food animal suffering from a high temperature condition.

During the period when diseased poultry were being brought into the factory it was discovered that what could be termed a trade disease occurred. This appears to be a virus which causes an eye infection in humans. Only one eye is inflamed and it can last from a minimum of 3 days to about a month. The infection has not been identified as Fowl Pest and it appears that some people have an immunity whilst others are particularly sensitive to it. The Ministry of Agriculture, Fisheries and Food are aware of this complaint and in some cases Veterinary Officers have had to be withdrawn from Fowl Pest investigation because of their sensitivity to the infection.

It is felt that some research should be made into Fowl Pest in its relation to humans, and if possible some definite information obtained concerning the presence of, or lack of, transmission factors.

Other difficulties with poultry inspection in a processing factory:

Putrefaction Occasionally poultry carcasses are discovered where although removed from a deep freeze they are in an interior putrefactive state. This arises from faults in the freezing process whereby the carcasses are reduced in temperature in one automated process, and the pluck or giblets are reduced in another automated line. Where there is a thermal differential and the pluck is inserted into the carcase just prior to deep freezing it is possible for putrefactive processes to commence in the pluck

and carry on under the protection of the deep freeze outer layer. A consideration of cryogenic physics will indicate how this could be possible, and in practice it does occur. The Brackley factory management are well aware of these possibilities, and have yet to have a complaint arising from it, but complaints have been received from other areas concerning poultry purported to have been processed in Brackley, but found to be untrue. Nevertheless the food inspector must be aware of these possibilities because factory personnel change, and it is only by an unremitting vigilance (supported by a knowledge of the trade processes) that a public health inspector is able to provide disease free food to the general public far beyond the confines of a particular municipal boundary.

Branding This refers to the "marketing" techniques now adopted by modern service industries, and in this context to the food industry. It is not as well known as it should be that food brands are not always what they seem, and this has its impact upon the work of the food inspector. For example, a complaint was recently received from a South Coast Public Health Inspector informing this Department that he had seized some food which was marked "Manufactured in Brackley". It appears that a Brackley firm had employed a Contractor to prepare some food for them and mark it with their name and Brackley address. This food was thought to be unsound. The necessary information was given to the South Coast Inspector together with the address of the Contractor, whom, in fact, was in another remote district. The local firm was helpful in every way and many outlets were contacted in order to trace sales and withdraw the contaminated product.

Modern Marketing techniques are such that it is commonplace in food factories to find a number of branded products being prepared on the same automated workline but the packaging is different, and the same article may have six or more different brands imprinted, but be exactly the same product.

These techniques could pose difficulties in tracing the source of an unsatisfactory product because a further complication arises as production is often regionalised so that there are a number of factories in different regions producing the same six brands. If everything was coded, tracing the manufacturing source would be reasonably simple, but unfortunately there is no overall requirement upon producers to code their products.

Refrigeration This is going to be an explosive word in food control during the next decade, and as has been shown in the case of putrefaction within a frozen chicken carcase, because of thermal differential, so some new problems will arise. Some entirely different methods of food refrigeration are soon to be introduced whereby liquid nitrogen will be discharged within a closed container and food cooled to whatever temperature is required. Developments in connection with helium cooling are also taking place which will result in much deeper freezing than is now possible.

There is room for improvement where Refrigerated Counter Units in shops are concerned, although whether it will be possible to adapt the human element seems uncertain. The problem here is that customers pick up frozen articles from the depths of the refrigerated unit, and then take a different package throwing the rejected one back into the container, sometimes in a position where some thawing will be permitted. Coding with a clear "shelf life" is an urgent necessity, and it appears that this procedure will soon be adopted by producers.

Food and Drugs Act, 1955

The provisions of this Act relating to the nature and substance of food supplied to the public, are operated by Mr. F.J. Evans, Chief Inspector, Weights and Measures Department of the County Council, to whom I am indebted for the following information relating to the work carried out by his Department in the Borough during the twelve months ending 31st March 1971.

Samples Taken in Brackley Borough in the 12 months ending 31st March, 1971

Milk	15
Baby Foods	1
Beef Suet	1
Butter	1
Fish Products	3
Jellies	1
Miscellaneous	2
Pork Pies, etc.	2
Sausages, etc.	2
Sausage Rolls	4
Soft Drinks	1
Creans	2
TOTAL	<u>35</u>

Remarks

I am again able to report that none of the samples taken in the Borough during the year was found to be unsatisfactory by the Public Analyst.

Weights and Measures Act, 1963

1,578 articles were checked for weight or measure during the period under review and no significant discrepancies were found.

Offices, Shops and Railway Premises Act, 1963 and Food Hygiene Regulations, 1960

Shops

During the year a Home Made Bread and Cake restaurant in the Borough, producing comparatively large quantities of food confectionery, was closed - to be deplored as a loss in craft work. The general standard in food shops, restaurants and canteens has been maintained, and to some extent improved.

There has been the development of the sale of general foodstuffs from garages, and the provision of tea, coffee, etc., from coin operated automatic dispensers of hot beverages. In one instance the sale of ice cream from premises selling poisonous garden pesticides and fertilisers ceased, and generally the policy operated is to ensure that poisonous substances do not have the opportunity to contact food products where both are unfortunately sold on the same premises. I am against the sale of foodstuffs (even if packeted) on premises where petrol, oils and grease, or garden fertilizers and poisons are sold, but there is no definite legislation to prevent it, other than the avoidance of direct contamination, and the provision of adequate washing facilities for staff where food and possible poisons are sold near together.

Offices

Some improvements in both warmth and ventilation have been achieved in offices, and certain investigations carried out to avoid accidents arising from dangerous staircases, floor coverings, etc.

SECTION F

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968 Public Health (Infectious Diseases) Regulations Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Infective jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping cough
Measles	Yellow fever

Since 1968 notification of the diseases listed below is no longer required.

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

During the year 8 cases of infectious disease were notified, a decrease of 9 on last year's figure.

MEASLES

The incidence of measles notification decreased. There were 5 cases as compared with 9 in 1969. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and few reach adult life without having contracted it. In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including neurological sequelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

The regular biennial cycle of epidemics of measles failed to occur in the 1968-69 winter and again in the winter of 1969-70 there was no national epidemic, due probably to the programme of immunisation which began in 1968. The suspension of vaccination in March 1969 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than sufficient to prevent the number of susceptible children increasing with the new births each year. It was evident by the middle of 1970 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. It is to be hoped that this will be the last measles epidemic.

RUBELLA

Rubella vaccination became available in November 1970 and this was offered to all girls in their 14th year of life, i.e. aged 13. A comprehensive campaign was launched by the County Health Department in the form of letters to general practitioners and parents informing them of the availability of the vaccine, and urging as many girls as possible to have the vaccination. It is hoped to lower the age limit to cover 12 year old girls as soon as further supplies of the vaccine are available.

WHOOPING COUGH

There were no cases of whooping cough notified during the year. This is another condition which is becoming largely more benign, but in some cases can be distressing, and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria. The satisfactory lack of cases is probably due to the high immunisation rate in the town.

SCARLET FEVER

Two cases were notified. This disease continues its mild phase. Its principal interest is that it gives a rough indication of the amount of streptococcal infection in the community.

SMALLPOX

It has recently been recommended by the Department of Health and Social Security that vaccination against smallpox need no longer be carried out as a routine procedure in early childhood as the risk of exposure to infection is far less likely than at any previous time since the disease was first recorded in this country.

It is however emphasised that all travellers to and from areas of the world where smallpox is endemic, or countries where eradication programmes are in progress, and health service staff who come into contact with patients, should be offered vaccination and re-vaccination.

DIPHTHERIA

There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore, with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease can be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so, they neglect their welfare.

POLIOMYELITIS

Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

SONNE DYSENTERY

There have been no cases.

FOOD POISONING

There were no cases of food poisoning reported during the year. The condition is usually caused by one of the Salmonella organisms, the commonest being the Typhimurium strain or paratyphoid A or B. The Staphylococcus gaining entry to food from an infected spot or boil on the hands, arms or face of a food handler may also be an occasional cause. More rarely typhoid fever or botulism may occur. However, the commonest germ causing food poisoning is the Salmonella gaining entry into food by the faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today, one of the most frequent.

RESPIRATORY INFECTIONS AND INFLUENZA

No deaths were recorded this year from pneumonia, two from bronchitis and none from influenza, though at the end of 1969 and the beginning of 1970 there was a severe outbreak of influenza which placed a heavy burden on the health services, the major part being on the general practitioners. The care provided during the four weeks of the outbreak was exemplary and was evidence of the value of the general practitioner care of the community.

Other respiratory infections are now seldom a cause of death, except as a terminal event, but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infections are still a cause of much disability.

INFECTIVE JAUNDICE

There was one case notified. Acute infective hepatitis is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of faecal-oral spread, and with an incubation period of 15 to 50 days. The incriminative routes of infection are from food handlers, water, and children to their mothers. The virus is present in faeces 16 days before jaundice, and up to 8 days after.

Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of from 50 to 160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilized equipment used by doctors, dentists, nurses, drug addicts and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and might not feel really fit for a year.

TUBERCULOSIS

There were no cases of tuberculosis notified during the year.

SUMMARY OF PUBLIC HEALTH INSPECTORS
VISITS TO PREMISES

House Inspections:

(a) Existing stock	131
(b) New houses (Habitation certification)	115

Inspection of bakehouses 15

Inspection of Food Premises:

(a) Market Stalls	121
(b) Food vans - all types	19
(c) Fried Fish Shops	8
(d) Food Shops - all varieties	122
(e) Restaurants, canteens, refreshment dispenser cabinets, etc.	24

Inspections under Offices, Shops and Railway
Premises Act (other than food shops) 22

Drainage Tests

(a) Old properties	39
(b) New properties	162
(c) Investigations other than test	43

Visits as to Vermin

(a) Insect infestation	7
(b) Mice	41
(c) Rats	11

Visits concerning suspected food poisoning,
dysentery, etc. 27

FACTORIES ACT 1961

PREScribed PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961. FOR THE YEAR 1970

PART 1 OF THE ACT

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH
(including inspections made by Public Health Inspectors)

Premises	No. on Register	Number of		
		Inspec-tions	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	6	6	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	15	19	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises	-	-	-	-
Total:	21	25	-	-

CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted	
	Found	Remedied	Referred			
			to H.M. Inspec.	by H.M. Inspec.		
Want of Cleanliness (S.1)	-	-	-	-	-	
Overcrowding (S.2)	-	-	-	-	-	
Unreasonable Temperature (S.3)	-	-	-	-	-	
Inadequate ventilation (S.4)	-	-	-	-	-	
Ineffective drainage of floors (S.6)	-	-	-	-	-	
Sanitary conveniences (S.7)	-	-	-	-	-	
(a) Insufficient	-	-	-	-	-	
(b) Unsuitable or defective	-	-	-	-	-	
(c) Not separate for sexes	-	-	-	-	-	
Other offences against the Act (Not includ- ing offences relating to Outwork)	-	-	-	-	-	
Total:	-	-	-	-	-	



